2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N04000006229

Entity Name: LA CARIBE TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2539 BAYOU BLVD.
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

2539 BAYOU BLVD.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-1354041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMARIA, F. BRIAN
2539 BAYOU BLVD.
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PSTD	( ) Delete
Name:	DEMARIA, F. BRIAN	
Address:	2539 BAYOU BLVD.	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	VD	( ) Delete
Name:	OWENS, MARY B	
Address:	P. O. BOX 1090	
City-St-Zip:	GULF BREEZE, FL 32562	
Title:	D	( ) Delete
Name:	ANDREIS, HENRY C	
Address:	689 BRENT LANE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	DELGALLO, STEVEN P	
Address:	4 LAGUNA STREET STE. 201	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ANDREIS, HENRY C	
Address:	516 EVENTIDE DRIVE	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK BRIAN DEMARIA PSTD 01/29/2009

Electronic Signature of Signing Officer or Director — Date